

<i>SERFF Tracking Number:</i>	<i>UTAC-126528402</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United Teacher Associates Insurance Company</i>	<i>State Tracking Number:</i>	<i>45169</i>
<i>Company Tracking Number:</i>	<i>UTA MS02 2010 AR</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>UTA MS02 2010</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: UTA MS02 2010

SERFF Tr Num: UTAC-126528402 State: Arkansas

TOI: MS051 Individual Medicare Supplement -  
Standard Plans

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: MS051.001 Plan A

Co Tr Num: UTA MS02 2010 AR

State Status: Approved-Closed

Filing Type: Rate

Author: Naz Melyas

Reviewer(s): Stephanie Fowler

Date Submitted: 03/10/2010

Disposition Date: 03/31/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 07/01/2010

Implementation Date: 07/01/2010

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 11.29%

Group Market Type:

Filing Status Changed: 03/31/2010

Explanation for Other Group Market Type:

State Status Changed: 03/31/2010

Deemer Date:

Created By: Naz Melyas

Submitted By: Naz Melyas

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective upon the state insurance department approval and in accordance with state policyholder notification requirements

This filing applies to all new and in-force policies in this state with the above referenced form number.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

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 Standard Plans  
 Product Name: UTA MS02 2010  
 Project Name/Number: /

If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399.

## Company and Contact

### Filing Contact Information

Naz Melyas, Actuarial Analyst NMelyas@gafri.com  
 11200 Lakeline Boulevard #100 866-459-4272 [Phone] 1595 [Ext]  
 Austin, TX 78717

### Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas  
 11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance  
 Company  
 P.O. Box 26580 Group Name: State ID Number:  
 Austin, TX 78755-0580 FEIN Number: 58-0869673  
 (800) 880-8824 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: TX FEE SCHEDULE  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$100.00	03/10/2010	34774961

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/31/2010	03/31/2010

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## Disposition

Disposition Date: 03/31/2010

Implementation Date: 07/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after July 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	11.290%	11.290%	\$35,880	120	\$317,758	11.000%	9.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate	CURRENT RATES	Approved	Yes

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	14.000%
<b>Effective Date of Last Rate Revision:</b>	07/01/2009
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United Teacher Associates Insurance Company	11.290%	11.290%	\$35,880	120	\$317,758	11.000%	9.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved 03/31/2010	CURRENT RATES	MS-020501; PLAN A - MS- 021001; PLAN B - MS-020601; PLAN C - MS- 020901; PLAN D - MS-020701; PLAN F - MS- 021201; PLAN G	New		Exhibit 4 - Current and Proposed Rates.pdf

United Teacher Associates Insurance Company

**Rate Chart**

Forms MS-020501, et al  
 Medicare Supplement Plans A, B, C, D, F, G  
 Community Rated Annual Rates  
 Arkansas Effective Rates 7/1/2009

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
A	2,442.84	3,053.55	2,711.55	3,389.44

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
B	2,982.86	3,729.06	3,310.97	4,139.26

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
C	3,355.96	4,151.26	3,725.11	4,607.89

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
D	2,868.96	3,585.71	3,184.55	3,980.14

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
F	3,367.74	4,166.97	3,771.87	4,667.00

Plan	CURRENT		PROPOSED	
	Non-Smoker	Smoker	Non-Smoker	Smoker
G	2,878.78	3,599.46	3,137.87	3,923.41

Area Factors:    1    0.790    716, 717, 724-726, 728-729  
                          2    0.830    719-721, 727  
                          3    0.925    718, 722-723

Modal Factors:            0.5250    Semi-Annual  
                                  0.2650    Quarter  
                                  0.0835    Month